

**E 403**



(1)

**CERTIFICATE OF APPRENTICESHIP AND/OR VOCATIONAL TRAINING FOR THE PURPOSE OF THE GRANTING OF FAMILY BENEFITS**

Reg. 1408/71: Art. 73; Art. 74; Art. 77; Art. 78  
Reg. 574/72: Art. 86; Art. 88; Art. 90; Art. 91; Art. 92

**A. Request for certificate**

To be completed by the institution competent as regards the granting of family benefits. If the form is addressed to a French institution, please enclose a form 'E 403 Annex' if the person concerned attends vocational training.

<b>1.</b>	Applicant for family benefits			
	<input type="checkbox"/> Employed person	<input type="checkbox"/> Pensioner (scheme for employed persons)		
	<input type="checkbox"/> Self-employed person	<input type="checkbox"/> Pensioner (scheme for self-employed persons)		
	<input type="checkbox"/> Persons other than the aforementioned	<input type="checkbox"/> Orphan		

1.1. Surname <sup>(1a)</sup> .....

1.2. Forenames ..... Previous names <sup>(1a)</sup> ..... Place of birth <sup>(2)</sup> .....

1.3. Date of birth ..... Sex ..... Nationality ..... Identification/insurance number <sup>(3)</sup> .....

1.4. Address in the apprentice's country of residence <sup>(4)</sup> .....

<b>2.</b>	<input type="checkbox"/> Apprentice	<input type="checkbox"/> Vocational trainee <sup>(5)</sup>		
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2.1. Surname <sup>(1a)</sup> .....

2.2. Forenames ..... Previous names <sup>(1a)</sup> .....

2.3. Place of birth <sup>(2)</sup> ..... Date of birth ..... Sex ..... Identification/insurance number <sup>(3)</sup> .....

2.4. Address <sup>(4)</sup> .....

<b>3.</b>	Institution competent as regards the granting of family benefits			
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3.1. Name .....

3.2. Address <sup>(4)</sup> .....

3.3. File reference number .....

3.4. Stamp ..... 3.5. Date .....

3.6. Signature .....

**B. Certificate**

To be completed by the person, undertaking or institution responsible for the apprenticeship and sent to the body responsible for supervision of the apprenticeship, which must forward the completed form to the institution mentioned in box 3.

4. Information concerning the apprenticeship

4.1. The person named in box 2 has been apprenticed to us from .....  
to receive training in the following trade: .....

4.2. The apprenticeship is provided  ..... days per week  ..... hours per week  
and will last until .....

4.3. The apprentice  
 is receiving  
 an apprenticeship allowance or wage  net <sup>(6)</sup>  gross amounting to  
 weekly  monthly .....

other benefits <sup>(7)</sup> namely  
 accommodation  full board  part board  tips  ..... meals a day  other <sup>(8)</sup>  
 from ..... to ..... amounting to .....

is not receiving  
 an apprenticeship allowance or wage  other benefits

4.4. Place of work .....

4.5. Name of the person, undertaking or institution responsible for the apprenticeship  
.....

4.6. Address <sup>(4)</sup> .....

4.7. Stamp ..... 4.8. Date .....

..... 4.9. Signature .....

5. Endorsement of the body responsible for supervision of the apprenticeship <sup>(9)</sup>

5.1. Name .....

5.2. Address <sup>(4)</sup> .....

5.3. Stamp ..... 5.4. Date .....

..... 5.5. Signature .....

INSTRUCTIONS

Please complete this form in block letters, writing on the dotted lines only. It consists of three pages, none of which may be left out even if it does not contain any relevant information. It should be completed in the language of the institution indicated in box 5.

NOTES

- (1) Symbol of the country to which the institution completing the form belongs: BE = Belgium; CZ = Czech Republic; DK = Denmark; DE = Germany; EE = Estonia; GR = Greece; ES = Spain; FR = France; IE = Ireland; IT = Italy; CY = Cyprus; LV = Latvia; LT = Lithuania; LU = Luxembourg; HU = Hungary; MT = Malta; NL = The Netherlands; AT = Austria; PL = Poland; PT = Portugal; SI = Slovenia; SK = Slovakia; FI = Finland; SE = Sweden; UK = United Kingdom; IS = Iceland; LI = Liechtenstein; NO = Norway; CH = Switzerland.
- (1<sup>a</sup>) In the case of Spanish nationals state both names. In the case of Portuguese nationals state all names (forenames, surname, maiden name) in the order of civil status in which they appear on the identity card or passport. In the case of the Czech republic, when family benefits are claimed by a student, persons specified under points 1 and 2 are identical.
- (2) In the case of Portuguese districts, state also the parish and the local authority.
- (3) Where the form is being sent to a Czech institution, state the birth number; to a Cypriot institution, if a Cypriot national state the Cypriot identification number, if not a Cypriot national state the Alien Registration Certificate (ARC) number; to a Danish institution, indicate the CPR number; to a Finnish institution, indicate the population register number; to a Swedish institution, indicate the personal number (personnummer); to an Icelandic institution, indicate the personal identification number (kennitala); to a Latvian institution, state the identity number; to a Liechtenstein institution, indicate the AHV insurance number; to a Lithuanian institution, state the personal identification number; to a Hungarian institution, state the TAJ (social insurance identification) number; to a Maltese institution, in the case of Maltese nationals, state the identity card number, or, if not a Maltese national, state the Maltese social security number; to a Norwegian institution, indicate the personal identification number (fødselsnummer); to a Belgian institution, indicate the national social security number (NISS); to a German institution of the general pension insurance scheme, indicate the insurance number (VSNR); to a Spanish institution, state the number appearing on the national identity card (DNI), or N.I.E in the case of foreign people, even if the card is out of date; to a Polish institution, state the PESEL and NIP numbers; to a Portuguese institution, indicate also the registration number with the general pensions scheme, if the person concerned has been insured under the social security scheme for civil servants in Portugal; to a Slovak institution, state the birth number; to a Slovene institution, state the personal identification number (EMŠO); to a Swiss institution, state the AVS/AI (AHV/IV) insurance number.
- (4) Street, number, post code, town, country.
- (5) For the French institutions form 'E 403 Annex' should be completed if the person concerned follows practical vocational training.
- (6) For German institutions only indicate the gross amount of the education allowance.
- (7) If applicable, give details of these other benefits in the box below.

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- (8) This box should be completed by the following institutions: in Ireland: Child Benefit Section, Department of Social and Family Affairs, St. Oliver Plunkett Road, Letterkenny, County Donegal, in the case of apprenticeships that are not supervised by the industrial training authority (FAS); in Italy: by the 'Ufficio provinciale del lavoro e della massima occupazione' (Provincial Office of Labour and Employment); in Slovenia, the Chamber of Crafts of Slovenia.
- (9) In relation to French legislation, in the preliminary training and training for a professional career, aimed at allowing those without professional qualifications and without a work contract to reach a level necessary to follow a formal professional training course or to enter professional employment directly.
- (10) Indicate the amount received in the currency of the State in the territory in which the professional training is followed.
- (11) Complete if such an organisation exists in the territory in which the professional training is followed.

To be completed if the claim for family benefits must be submitted to a French institution and if it concerns a person undergoing practical vocational training.

1. Information concerning the vocational training <sup>(9)</sup>

1.1. The person named in box 2 of form E 403  
 has been attending vocational training since .....  
 attended vocational training from ..... to .....

1.2. Does the person concerned have an employment contract for this training?  
 yes                       no

1.3. Nature of the training provided .....

1.4. Total duration of training ..... (months, weeks)

1.5. Number of hours of training:  
— theoretical part             ..... per week             ..... per month  
— practical training             ..... per week             ..... per month

1.6. Does the person concerned receive pay during training?     yes     no  
If yes, please specify nature .....  
Net amount per month <sup>(10)</sup> .....

1.7. Place of training .....

1.8. Name of the person, undertaking or institution responsible for providing training .....

1.9. Address <sup>(4)</sup> .....

1.10. Stamp .....  
1.11. Date .....  
1.12. Signature .....

2. Endorsement of the body responsible for supervision of training <sup>(11)</sup>

2.1. Name .....

2.2. Address <sup>(4)</sup> .....

2.3. Stamp .....  
2.4. Date .....  
2.5. Signature .....